

# Quarterly Totals

## Demographic Reporting Form

Positive Alternatives

Date: 07/01/2015-09/30/2015 Grantee Name: Pregnancy Choices

### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	4	4	15	14	9	5	0

### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown
35	2	0	0	14

### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
17	34	0

### 4. Client Race:

Race: White	Race: African-American	Race: African-African	Race: American Indian	Race: Asian Pacific	Race: Other/Multi Race	Race: Unknown
17	8	8	1	3	14	0

### 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
12	39	0

#### **INSTRUCTIONS FOR COMPLETING DEMOGRAPHIC REPORTING FORM**

1. Enter the date covered by the reporting period. The date will correspond to the quarterly report (e.g., report due April 20<sup>th</sup> covers the period January 1 - March 31<sup>st</sup>; report due July 31<sup>st</sup> covers the period April 1 - June 30<sup>th</sup>, etc.).
2. Enter your organization name.
3. Numbers 1 - 5 ask for the demographic information that was previously collected on the Necessary Services Data Intake form. Enter the totals for each of the demographic categories in numbers 1 - 5 that were collected during the stated reporting period.
4. Save the form as a new document. Send it in by email with your Update Report of the same quarter.
5. Reuse the form each quarter.